



SMALL BUSINESS HEALTH OPTIONS PROGRAM
MARKETPLACE
EMPLOYEE ENROLLMENT USER GUIDE

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SHOP Marketplace – Employee Enrollment Application

The online SHOP Marketplace is open for employers with 50 or fewer employees to enroll in coverage that starts as early as January 1, 2015. If you already have SHOP coverage through your employer, you'll need to visit HealthCare.gov to [renew or change your coverage](#).

If your employer is in one of these states, use this document to guide you through the process of responding to your employer's coverage offer.

Alabama	Nevada
Alaska	New Hampshire
Arizona	New Jersey
Arkansas	North Carolina
Delaware	North Dakota
Florida	Ohio
Georgia	Oklahoma
Illinois	Pennsylvania
Indiana	South Carolina
Iowa	South Dakota
Kansas	Tennessee
Louisiana	Texas
Maine	Virginia
Michigan	West Virginia
Missouri	Wisconsin
Montana	Wyoming
Nebraska	

If your employer is in a state that's not listed above, that means the state is running its own SHOP Marketplace. Follow your state's application process. To find your state's SHOP Marketplace, visit the small business [employee page](#) on HealthCare.gov and select your state from the menu, or contact the SHOP Employer Call Center at 1-800-706-7893. TTY users should call 711 to reach a call center representative.

You can work with your employer's authorized agent or broker to help you complete the SHOP Marketplace employee application.

IMPORTANT: You can save your information at any point in the application and return later to complete it. The system will time out after 30 minutes of inactivity.

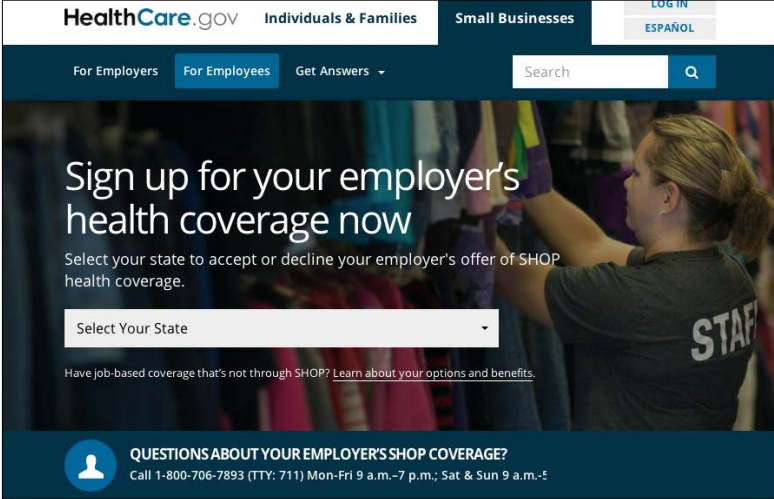
Create a HealthCare.gov account

If your employer is offering coverage through SHOP, you'll get a notice with a participation code. You'll use this information to view your employer's coverage offer. Before you view your coverage offer, you must create an account on [HealthCare.gov](https://www.healthcare.gov).

- **Select your state.** Visit the small business [employee's page](#) on HealthCare.gov and select the state where your employer's primary business address is located.
- Select **I HAVE MY CODE** if you have the participation code provided by your employer. To create a Marketplace account, select this link: **If you don't have a Marketplace account, create one now.**

Note: If you already have a Marketplace account you created previously to apply for individual and family coverage, log into the same account for SHOP (same username and password). Skip to **Confirm eligibility** to continue with these steps.

- Select **I DON'T HAVE A CODE** if you didn't get the participation code. If you think your employer is offering SHOP coverage and you haven't gotten a notice with your participation code, contact your employer, not the SHOP Marketplace. Your employer can provide your participation code. **You need a participation code to create an account and enroll.**



The screenshot shows the HealthCare.gov website interface. At the top, there are navigation links for 'Individuals & Families' and 'Small Businesses', along with 'LOG IN' and 'ESPAÑOL' options. Below this is a dark blue header with 'For Employers', 'For Employees' (highlighted), and 'Get Answers' with a dropdown arrow. A search bar is also present. The main content area features a large image of a woman in a 'STAFF' shirt. Overlaid on this image is the text 'Sign up for your employer's health coverage now'. Below this, it says 'Select your state to accept or decline your employer's offer of SHOP health coverage.' and provides a 'Select Your State' dropdown menu. At the bottom, there is a link 'Have job-based coverage that's not through SHOP? Learn about your options and benefits.' and a footer section with a person icon, the text 'QUESTIONS ABOUT YOUR EMPLOYER'S SHOP COVERAGE?', and the phone number 'Call 1-800-706-7893 (TTY: 711) Mon-Fri 9 a.m.-7 p.m.; Sat & Sun 9 a.m.-5 p.m.'.

- **Answer a few questions.** On the **Create an account** page, you'll give your first and last name, email address, and preferred password. If you don't have an email address, review the quick links below to learn how to get one.

You need an email address to sign up. You can get one now for free: [Gmail](#) [Outlook](#) [Yahoo](#) [AOL](#)

Next you'll answer a few security questions. These questions will be helpful in case you forget your username and/or password and have trouble logging in.

- Click the box about news and updates if you want us to email information to you.
- Check the box stating that you understand and agree with HealthCare.gov's privacy policy and select **CREATE ACCOUNT**.
- **Note:** When you create your account, the information you provide is case sensitive. Remember to enter the information the same way when you log-in.

HealthCare.gov Learn Get Insurance Log in Español

Individuals & Families Small Businesses HELP

Create an account

After you create an account, you can manage your coverage, update your information, and get updates on your coverage.

First name Last name

Your email address will also be your username when you log in.

Email address

Use: 8-20 characters Upper & lowercase letters Number(s)

Password

Retype password

We need you to pick a few questions that only you will be able to answer. If you ever forget your password, we'll ask you these questions to verify your identity.

Pick a question Answer

Pick a question Answer

Pick a question Answer

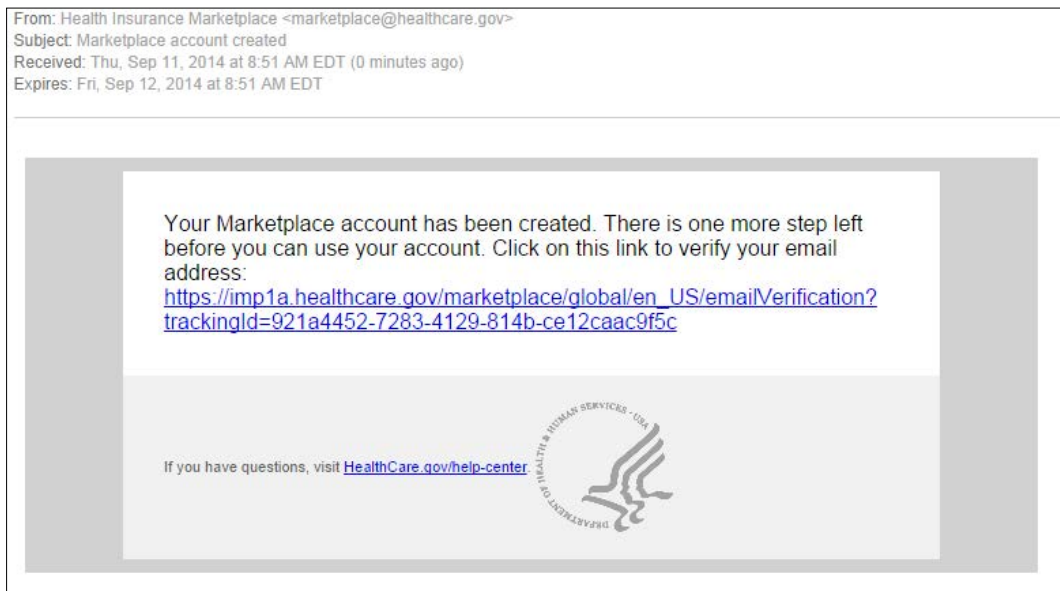
☒ I want to have news and updates sent to this email address (optional)

☒ I understand and agree with Healthcare.gov's privacy policy

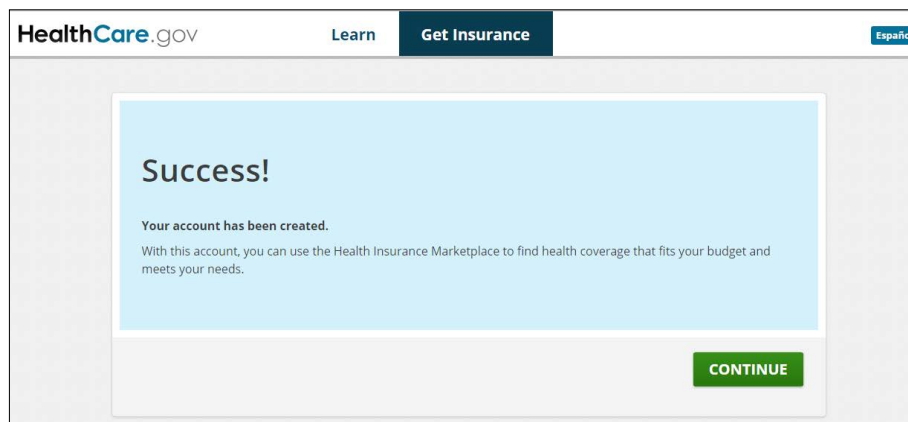
CREATE ACCOUNT

I ALREADY HAVE AN ACCOUNT

- **Verify your email address.** You must verify that the email address you gave for the account is correct. You'll get an email with a link that's unique to you. Follow the instructions on the screen. **Note:** If you don't see the verification email in your inbox, check your junk mail.



- After you finish verifying your email address, you'll see a page with "Success!" letting you know that your account has been created. Select **Continue** to create your profile and verify your identity.



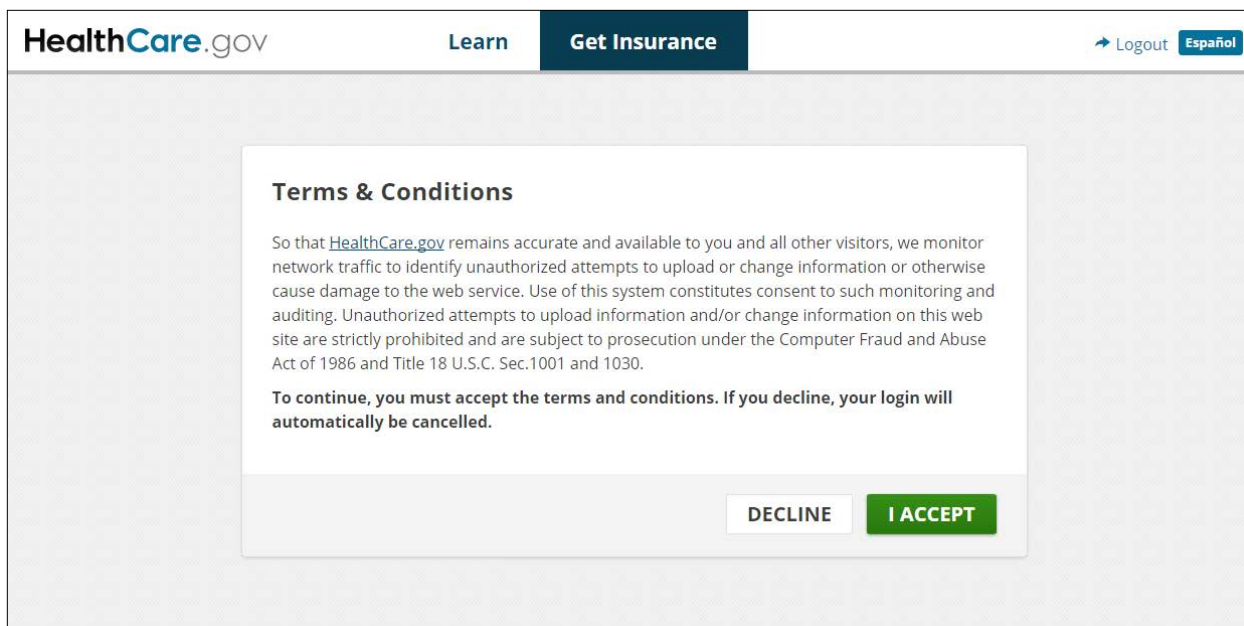
- **Note:** If you don't verify your email address within 48 hours of getting the email, the link in the email will expire. You'll need to get another verification email before you try to log into your account.

If you try to log into your account without verifying your email address, you'll get an expiration notice. Click **Resend Verification Email** and follow the steps above to verify your email address.

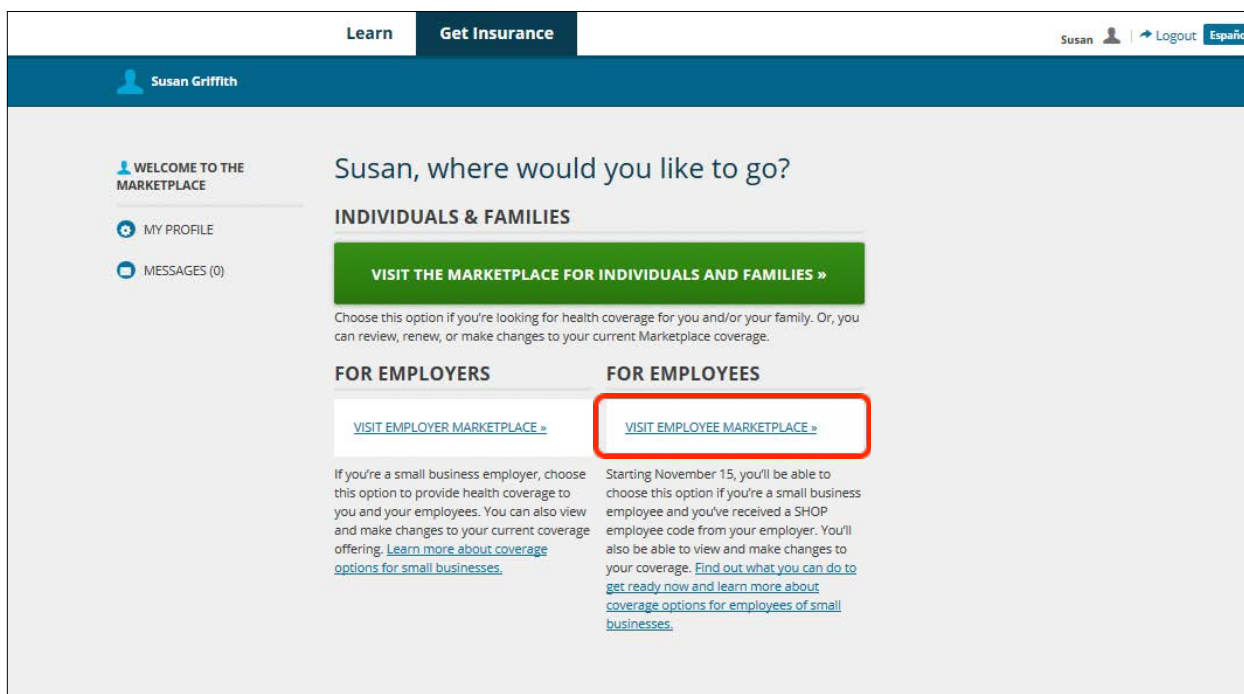
Confirm eligibility

- **Log into your HealthCare.gov account.** Enter your new username and password, and then select **I ACCEPT** on the **Terms & Conditions** page. If you decline, your login will automatically be cancelled.

The screenshot shows the HealthCare.gov login interface. At the top, there's a navigation bar with 'HealthCare.gov', 'Individuals & Families', 'Small Businesses', and a 'Español' button. Below this, a white button with blue text says 'DON'T HAVE AN ACCOUNT?'. The main heading is 'Log in'. Below the heading, there's a link: 'See tips for remembering your username and password. Remember, your user name may be your email address. All fields are required unless they're marked optional. If you'd like to apply or enroll over the phone, call the Marketplace Call Center at 1-800-318-2596 (TTY: 1-855-889-4325).' There are two input fields: 'Username' and 'Password'. Below these is a large green button with white text that says 'LOG IN'. Under the button are three links: 'Forgot your username?', 'Forgot your password?', and 'Having trouble logging in?'. At the bottom, there's a note in a light blue box: 'Note: If you're using a shared computer or a computer in a public place, like a library or community center, don't forget to close all browser windows and tabs and log out when you're done. This will help keep your information secure.'



- **Select the employee application.** On the **WELCOME TO THE MARKETPLACE** page, select the **VISIT EMPLOYEE MARKETPLACE** link.



- **Enter the SHOP participation code.** On the **My employer** page, enter the participation code given to you by your employer, and your Social Security Number (SSN) or tax ID number. You should do this even if you don't want coverage now. Select **VERIFY**.

HealthCare.gov My account Get assistance - Español

Log out EMPLOYER123@YOPMAIL.COM

My Profile
My Employer
My Enrollment
My Plans
Message center

My Employer

Enter your SHOP participation code given to you by your employer. If you don't plan to accept your employer's offer of coverage, you should still enter the code below. Even if you don't want coverage now, you must enter some basic information so your employer knows about your decision.

Contact your employer if you don't have a SHOP participation code.

If you need help, call 1-800-706-7893 Monday - Friday, 9 a.m. - 7 p.m. EST. TTY users should call 711. To chat with a trained representative, select "Get assistance".

Enter your participation code and Social Security Number (SSN) or Tax ID Number (TIN).

**Required field.*

*SHOP participation code

*SSN/TIN

123-55-5555

VERIFY

Verified employers

Employer name	Mailing address
---------------	-----------------

- The system determines your eligibility by comparing the SHOP participation code, your name, and SSN that you entered when you created your Marketplace account to the information given by your employer on the employee roster.

After the information is validated, select YES to add the employer to your account. If you select NO, you'll return to the **My Employer** page where you entered your participation code and SSN.

The screenshot shows the HealthCare.gov interface. A blue 'Verify' modal is open in the center, asking 'Do you want to add Testing to your account?' with 'NO' and 'YES' buttons. In the background, the 'My Employer' page is visible. It includes a sidebar with links: My Profile, My Employer (active), My Enrollment, My Plans, and Message center. The main content area has instructions for entering the SHOP participation code and Social Security Number (SSN) or Tax ID Number (TIN). It includes a 'Log out' link for 'Tarnet1955@jourrapide.com' and a 'VERIFY' button at the bottom right.

HealthCare.gov

My account Get assistance

Español

Log out Tarnet1955@jourrapide.com

My Profile

My Employer

My Enrollment

My Plans

Message center

Verify

Do you want to add Testing to your account?

NO YES

Enter your SHOP participation code given to you by your employer. If you don't plan to accept your employer's offer of coverage, you should still enter the code below. Even if you don't want coverage now, you must enter some basic information so your employer knows about your decision.

Contact your employer if you don't have a SHOP participation code.

If you need help, call 1-800-706-7893 Monday - Friday, 9 a.m. - 7 p.m. EST. TTY users should call 711. To chat with a trained representative, select "Get assistance".

Enter your participation code and Social Security Number (SSN) or Tax ID Number (TIN).

*Required field.

*SHOP participation code

mBULes-SleGoZqBa0enKgynIR_apD4nL

*SSN/TIN

666-74-9909

VERIFY

- If you entered the SHOP participation code and/or SSN incorrectly, you'll get a message asking if you're sure the employee code and SSN entered are correct.

The screenshot shows the HealthCare.gov website interface. At the top, the 'HealthCare.gov' logo is on the left, and 'Español' is on the right. Below the logo, there's a navigation bar with 'My account' and 'Get assistance'. A modal dialog box with an orange header titled 'Important' is centered on the screen. The dialog asks, 'Are you sure your employee code and SSN you entered are correct?' and has two buttons: 'NO' and 'YES'. In the background, the 'My Employer' page is visible. It includes a sidebar with links: 'My Profile', 'My Employer' (highlighted), 'My Enrollment', 'My Plans', and 'Message center'. The main content area has instructions about entering the SHOP participation code and SSN, followed by two input fields. The first field is labeled '*SHOP participation code' and contains the text 'dgosghsgofsg'. The second field is labeled '*SSN/TIN' and contains '123-SS-5555'. A green 'VERIFY' button is to the right of these fields. Below the input fields, there's a section titled 'Verified employers' with a table header showing 'Employer name' and 'Mailing address'.

If you select **NO**, you'll go back to the **My Employer** page to re-enter the correct participation code and SSN.

HealthCare.gov

My account

Get assistance -

Español

Log out EMPLOYER123@YOPMAIL.COM

My Profile

My Employer

My Enrollment

My Plans

Message center

My Employer

Enter your SHOP participation code given to you by your employer. If you don't plan to accept your employer's offer of coverage, you should still enter the code below. Even if you don't want coverage now, you must enter some basic information so your employer knows about your decision.

Contact your employer if you don't have a SHOP participation code.

If you need help, call 1-800-706-7893 Monday - Friday, 9 a.m. - 7 p.m. EST. TTY users should call 711. To chat with a trained representative, select "Get assistance".

Enter your participation code and Social Security Number (SSN) or Tax ID Number (TIN).

*Required field.

*SHOP participation code

*SSN/TIN

123-55-5555

VERIFY

Verified employers

Employer name	Mailing address

If you select **YES**, you'll get a message letting you know that you're ineligible for the SHOP Marketplace. This message also includes a link to the SHOP appeals page. Before you submit an appeal, check with your employer to see if your name and SSN are correct on the employee roster.

My Profile


My Employer

My Enrollment

My Plans

Message center

My Employer

**WARNING:** Enter a valid SHOP participation code and SSN/TIN. If it doesn't work, check with your employer to make sure you have the right code.
If your code still doesn't work, it means you're not eligible to participate in the SHOP Marketplace. If you don't agree with this eligibility determination, you may be able to [file an appeal](#).

Enter your SHOP participation code given to you by your employer. If you don't plan to accept your employer's offer of coverage, you should still enter the code below. Even if you don't want coverage now, you must enter some basic information so your employer knows about your decision.

Contact your employer if you don't have a SHOP participation code.

If you need help, call 1-800-706-7893 Monday - Friday, 9 a.m. - 7 p.m. EST. TTY users should call 711. To chat with a trained representative, select "Get assistance".

Enter your participation code and Social Security Number (SSN) or Tax ID Number (TIN).

**Required field.*

*SHOP participation code

*SSN/TIN

VERIFY

Verified employers

Employer name	Mailing address
---------------	-----------------

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Review coverage offer

- On the **My Employer** page, select **Begin** link in the **Action** field to start reviewing your employer's coverage offer (see screen on page 15).

The screenshot shows the HealthCare.gov 'My Employer' page. At the top, there's a navigation bar with 'HealthCare.gov', 'My account', 'Get assistance +', and a language toggle for 'Español'. A user is logged in as 'Tamet1955@jourrapide.com'. On the left, a sidebar lists 'My Profile', 'My Employer' (selected), 'My Enrollment', 'My Plans', and 'Message center'. The main content area has a blue header 'My Employer'. Below it, a green banner states 'COMPLETE: Employer added successfully.' with a checkmark icon. The text explains that the user should enter their SHOP participation code and provides instructions for those without one. It also offers a helpline: 1-800-706-7893. Below this is a section titled 'Enter your participation code and Social Security Number (SSN) or Tax ID Number (TIN)'. It includes a note that these are required fields. There are two input fields: '*SHOP participation code' and '*SSN/TIN'. The SSN/TIN field is pre-filled with '866-74-9909'. A green 'VERIFY' button is to the right. At the bottom, a 'Verified employers' table lists one employer: XYZ, located at 123 RESTON ST, 19805, NEW CASTLE, DE.

HealthCare.gov My account Get assistance + Español

Log out Tamet1955@jourrapide.com

My Profile
My Employer
My Enrollment
My Plans
Message center

My Employer

COMPLETE: Employer added successfully.

Enter your SHOP participation code given to you by your employer. If you don't plan to accept your employer's offer of coverage, you should still enter the code below. Even if you don't want coverage now, you must enter some basic information so your employer knows about your decision.

Contact your employer if you don't have a SHOP participation code.

If you need help, call 1-800-706-7893 Monday - Friday, 9 a.m. - 7 p.m. EST. TTY users should call 711. To chat with a trained representative, select "Get assistance".

Enter your participation code and Social Security Number (SSN) or Tax ID Number (TIN).

**Required field.*

*SHOP participation code

*SSN/TIN

866-74-9909

VERIFY

Verified employers

Employer name	Mailing address
XYZ	123 RESTON ST 19805, NEW CASTLE, DE

My Profile

My Employer

My Enrollment

My Plans

Message center

My Employer

Enter your SHOP participation code given to you by your employer. If you don't plan to accept your employer's offer of coverage, you should still enter the code below. Even if you don't want coverage now, you must enter some basic information so your employer knows about your decision.

Contact your employer if you don't have a SHOP participation code.

If you need help, call 1-800-706-7693 Monday - Friday, 9 a.m. - 7 p.m. EST. TTY users should call 711. To chat with a trained representative, select "Get assistance".

Enter your participation code and Social Security Number (SSN) or Tax ID Number (TIN).

**Required field.*

*SHOP participation code

*SSN/TIN

666-74-9909

VERIFY

Verified employers

Employer name	Mailing address
XYZ	123 RESTON ST 19805, NEW CASTLE, DE

Important: You have an offer of health coverage from XYZ.

Start enrollment period on

Last day employees have to enroll

12/10/2014

12/15/2014

Enrollment status: Not started

BEGIN

- You'll see a summary of information for your employer, including:
 - Employer name and address
 - Employer ID
 - Enrollment period
 - Estimated effective date
 - Insurance category (medical and dental) and percent the employer is contributing towards your premium.

HealthCare.gov My account Get assistance - Español

Log out Tamet1955@jourrapide.com

My Profile
My Employer
My Enrollment
My Plans
Message center

My Employer

BACK TO MY EMPLOYER

Employer summary of health coverage

Employer name	Employer address
XYZ	123 RESTON ST
Employee ID	WILMINGTON, DE 19805
12345	NEW CASTLE
Enrollment period	Estimated effective date
12/10/2014 to 12/15/2014	01/01/2015
Health plan	
Coverage	Contribution
Employee:	15.00%

Will you accept this health coverage offered by your employer? Select "yes" or "no" below. You can return to this page to make your choice after viewing health plans.

☒ Yes, I plan to accept this coverage through my employer.

☐ No, I waive this coverage through my employer.

- **Accept or decline your employer's coverage offer.** The application automatically defaults to **Yes, I plan to accept SHOP coverage through my employer.** You can return and change your response after viewing health plans.

If you accept the coverage offer, enter employee details, like mailing address and other contact information. All fields marked with a red asterisk are required.

- **Add dependents.** If your employer is offering dependent coverage, select **ADD DEPENDENT(S).**


Note: Make sure your information is correct before you submit. You may not be able to make changes after you sign the application and your employer submits the enrollment application to the SHOP Marketplace.

- **Sign the enrollment application.** Enter your name in the box to sign the application. After you enter your name, the date will be automatically entered. Select **SAVE AND CONTINUE**.

☒ Yes, I plan to accept this coverage through my employer.

☐ No, I waive this coverage through my employer.

Self

 Important: Verify all information before you submit. You won't be able to make changes once you sign and submit your application.

First name Middle name Last name Suffix

SUSAN GRIFFITH Suffix ▼

*SSN/TIN *Date of birth *Sex

666-74-9909 01/01/1943 ☒ Male ☐ Female

Home address

*Street address Apt./Ste. #

*City *ZIP code *County *State

▼

Mailing address

*Street address Apt./Ste. #

123 HEALTH WAY

*City *ZIP code *County *State

WILMINGTON 19805 NEW CASTLE ▼ DE

Contact preferences

*Email address

*Phone number

Ext.

Phone type

Second phone number

Ext.

Phone type

Preferred spoken language

Preferred written language

☐ Notices will be sent to the email address you listed above. Check here if you also want to get paper notices in the mail.

Race (optional)

If of Hispanic, Latino, or Spanish origin, select ethnicity (optional)

Are you a member of a federally recognized tribe?

☐ Yes

☒ No

* Within the past 6 months, have you used tobacco regularly (4 or more times per week on average excluding religious or ceremonial use)?

☐ Yes

☒ No

Will you have other sources of health coverage once this employer's SHOP plan is effective?

☐ Yes

☒ No

If your employer is offering dependent coverage, select **ADD DEPENDENT(S)** to give your employer and Insurance company information about your spouse/partner and dependent child(ren).

I know that I must tell the SHOP if information I listed on this application changes.

I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information. In addition, I know that my coverage and the coverage for my dependents (if applicable) may be impacted if I provide false or untrue information.

Following federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file.

*Electronic signature

SUSAN GRIFFITH
Date: 12/10/2014

CANCEL

SAVE & CONTINUE

If you decline the coverage offer, select the reason from the drop down menu.

- **Verify your decision to decline coverage.** Read and agree with the statements.
- **Sign the enrollment application.** Enter your name in the box to sign the application, then select **SUBMIT**. If you're declining coverage, no further action is required.

If you select **Back to My Employers** or **Cancel**, you'll return you to the **My Employer** page.

HealthCare.gov

My account

Get assistance -

Español

Log out Tamet1955@jourrapide.com

My Profile

My Employer

My Enrollment

My Plans

Message center

My Employer

BACK TO MY EMPLOYER

Employer summary of health coverage

Employer name	Employer address
XYZ	123 RESTON ST
Employee ID	WILMINGTON, DE 19805
12345	NEW CASTLE

Enrollment period	Estimated effective date
12/10/2014 to 12/15/2014	01/01/2015

Health plan

Coverage	Contribution
Employee:	15.00%

Will you accept this health coverage offered by your employer? Select "yes" or "no" below. You can return to this page to make your choice after viewing health plans.

☒ Yes. I plan to accept this coverage through my employer.

☐ No. I waive this coverage through my employer.

insurance company information about your spouse/partner and dependent child(ren).

I know that I must tell the SHOP if information I listed on this application changes.

I'm signing this application under penalty of perjury, which means I've provided true answers to all the questions to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information. In addition, I know that my coverage and the coverage for my dependents (if applicable) may be impacted if I provide false or untrue information.

Following federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file.

*Electronic signature

SUSAN GRIFFITH

SUSAN GRIFFITH

Date: 12/10/2014

CANCEL

SAVE & CONTINUE

Review and select plan(s)

Health plans are put into 4 categories based on how you and the plan can expect to share the costs for health care:

- Bronze (covers 60% of the total average cost of care)
- Silver (covers 70% of the total average cost of care)
- Gold (covers 80% of the total average cost of care)
- Platinum (covers 90% of the total average cost of care)

The health plan category chosen determines what your employees will pay for things like deductibles and copayment – and the total amount you spend out-of-pocket for the year if you need a lot of care. The categories don't reflect the quality or amount of care the plans provide.

In this section of the employee enrollment application, you can review the health plan(s) offered by your employer. In some states, employers can select one plan category and employees are free to choose any health plan (and dental plan if offered) from any insurance company in that category. This is called “employee choice”. **Note:** The employee choice option is available in these states in 2015:

- Arkansas
- Florida
- Georgia
- Indiana
- Iowa
- Missouri
- Nebraska
- North Dakota
- Ohio
- Tennessee
- Texas
- Virginia
- Wisconsin
- Wyoming

If you don't see your state, your employer may offer employees a single health and dental plan in 2015. All states are expected to have employee choice available in 2016.

- **Review employer's health coverage.** The plan(s) you'll see are based on your employer's primary business address. Select the **View plan details** link to see plan details, like copayments, laboratory and outpatient services, medical devices, emergency care, and inpatient hospital services. If your employer is offering you a choice of plans, you'll see a list of plans to compare.
 - **Compare plans.** If you have multiple plans listed, you can select up to 3 plans to compare side-by-side. Select the **Compare** checkbox for each plan you want to compare. Then select **Compare plans**.
 - **Sort plans.** Select **Sort by** on the drop down menu to see your options.
 - Employer's monthly share high to low
 - Employer's monthly share low to high
 - Employee's monthly share high to low
 - Employee's Monthly share low to high
 - Annual deductible high to low
 - Annual deductible low to high

HealthCare.gov

My account

Get assistance +

Spanish

0 Cart

Log out Tamet1955@jourrapide.com

My Profile

My Employer

My Enrollment

My Plans

Review employer's health coverage

PRINT

1 Plan(s) offered with effective date 01/01/2015

Sort by...

NARROW YOUR RESULTS:

ACCESSIBLE FILTERS

Yearly deductible (per employee)
Between \$0.00 - \$1,200.00

\$0.00

\$1,200.00

Yearly deductible (per family)
Between \$0.00 - \$2,000.00

\$0.00

\$2,000.00

Shopping for Gold

DETAILS

SELECT

INDEMNITY | GOLD

Cost details

Total monthly premium	Yearly deductible	Estimated employer contribution	Estimated employee contribution
\$533.57	\$1,200.00 per person	\$80.04 per month	\$453.53 per month
	\$2,000.00 per family		

BACK

SAVE & CONTINUE

- **Filter plans.** You can use the menu listing on the left side of the page to narrow your plan search based on certain criteria. You can move the bars on the left to increase or decrease the dollar amounts. You can filter by:
 - Employee estimated contribution
 - Yearly deductible (per person or per family)
 - Insurance Company
 - Plan category
- **Plan Details.** To view the benefits of the plan, including a list of covered drugs, click on Details.

HealthCare.gov My account Get assistance - Español

0 Cart Log out Tamet1955@jourrapide.com

My Profile My Employer My Enrollment My Plans

Review employer's health coverage PRINT

1 Plan(s) offered with effective date 01/01/2015

Sort by...

NARROW YOUR RESULTS:

ACCESSIBLE FILTERS

Yearly deductible (per employee)
Between \$0.00 - \$1,200.00

\$0.00 \$1,200.00

Yearly deductible (per family)
Between \$0.00 - \$2,000.00

\$0.00 \$2,000.00

Shopping for Gold DETAILS SELECT

INDEMNITY GOLD

Cost details			
Total monthly premium	Yearly deductible	Estimated employer contribution	Estimated employee contribution
\$533.57	\$1,200.00 per person	\$80.04 per month	\$453.53 per month
	\$2,000.00 per family		

BACK SAVE & CONTINUE

- **Find covered drugs.** Under the details view, select the **List of covered drugs** link to view each plan's covered drug information.

HealthCare.gov

My account

Get assistance +

Español

0 Cart

Log out Tamet1955@jourrapide.com

My Profile

My Employer

My Enrollment

My Plans

Plan details

BACK TO PLAN LIST

DOWNLOAD IN EXCEL

PRINT

+

SELECT

Shopping for Gold

INDEMNITY | Gold

Cost details

Total monthly premium	Yearly deductible	Estimated employer contribution	Estimated employee contribution
\$533.57	\$1,200.00 per person	\$53.36 per month	\$480.21 per month
	\$2,000.00 per family		

Review the "Plan documents" section below for more plan details. Each plan may have specific features, requirements, and age restrictions.

Plan Documents

Find dentists

☒ Refer to dentists network

List of Covered Drugs

☒ Refer to formulary

Plan Brochure

☒ No data available

Prescription drug deductible

See Plan Brochure

Prescription drug out-of-pocket maximum

See Plan Brochure

Summary of Benefits

☒ No data available

- **Select one health plan and one dental plan (if offered).** To choose plan(s) for you and your dependents, click **Select** next to the health plan information. Then select **CONTINUE**.
 - If your employer offers dependent coverage, you and your dependents must enroll in the same health plan. You must enroll in coverage if you want to enroll your dependents.
 - If you select another plan, you'll see a message letting you know that this selection will replace your current plan selection.
 - If your employer is offering health and dental plans, you can select **CONTINUE** without selecting a health plan. If you do this, you'll see a message letting you know that you must choose a health plan on the review page.

Note: You won't be able to enroll in a dental plan without enrolling in a health plan.

HealthCare.gov My account Get assistance - Español

0 Cart Log out Tamet1955@jourrapide.com

My Profile My Employer My Enrollment My Plans

Review employer's health coverage

PRINT

1 Plan(s) offered with effective date 01/01/2015

Sort by...

NARROW YOUR RESULTS:

ACCESSIBLE FILTERS

Yearly deductible (per employee)
Between \$0.00 - \$1,200.00

\$0.00 \$1,200.00

Yearly deductible (per family)
Between \$0.00 - \$2,000.00

\$0.00 \$2,000.00

Shopping for Gold

INDEMNITY GOLD

Cost details

Total monthly premium	Yearly deductible	Estimated employer contribution	Estimated employee contribution
\$533.57	\$1,200.00 per person	\$80.04 per month	\$453.53 per month
	\$2,000.00 per family		

BACK SAVE & CONTINUE

My Profile

My Employer

My Enrollment

My Plans

Review employer's dental coverage

PRINT

**1 Plan(s) offered with effective
date 01/01/2015**

Sort by...

NARROW YOUR RESULTS:

ACCESSIBLE FILTERS

Yearly deductible (per
employee)

Between \$0.00 - \$150.00

\$0.00 \$150.00

Yearly deductible (per
family)

Between \$0.00 - \$100.00

\$0.00 \$100.00


GUARDIAN
Guardian Family Essentials

PPO LOW

DETAILS

SELECT

Cost details

Total monthly
premium**\$23.04**

Yearly deductible

\$150.00
per personNot applicable
per familyEstimated employer
contribution**\$2.31**
per monthEstimated employee
contribution**\$20.73**
per month

BACK

SAVE & CONTINUE

Complete enrollment

- **Review plan selection(s) and cost.** Read the summary of your health and dental plan (if offered). This includes the total monthly employee premium across all your plans.
- **Confirm plan choice(s).** Select **CONFIRM** to submit your application.

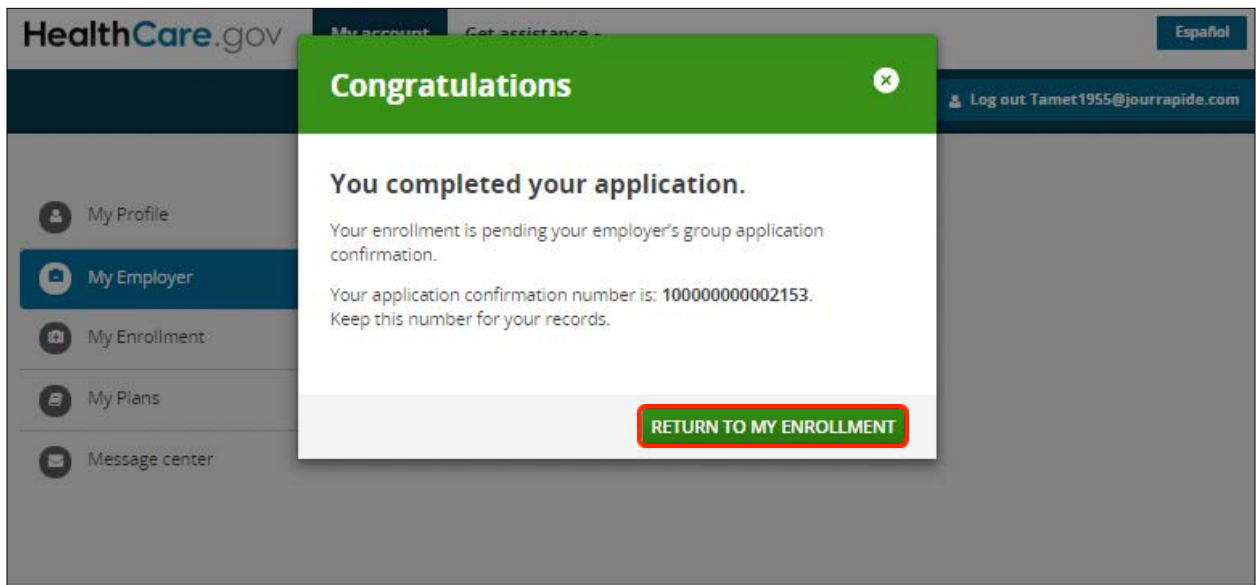
The screenshot shows the HealthCare.gov website interface. At the top, there's a header with the HealthCare.gov logo, 'My account', 'Get assistance -', and a language selector for 'Español'. A user is logged in as 'Tamet1955@journapide.com' with a 'Log out' button. On the left, a sidebar contains links for 'My Profile', 'My Employer', 'My Enrollment', 'My Plans', and 'Message center'. The main content area is titled 'Review and confirm your plans' and features a 'Shopping for Gold' plan card. The card includes a 'Cost details' table and a summary of the total monthly premium.

Cost details			
Total monthly premium	Yearly deductible	Estimated employer contribution	Estimated employee contribution
\$533.57	\$1,200.00 per person	\$80.04 per month	\$453.53 per month
	\$2,000.00 per family		

\$453.53
Total monthly premium

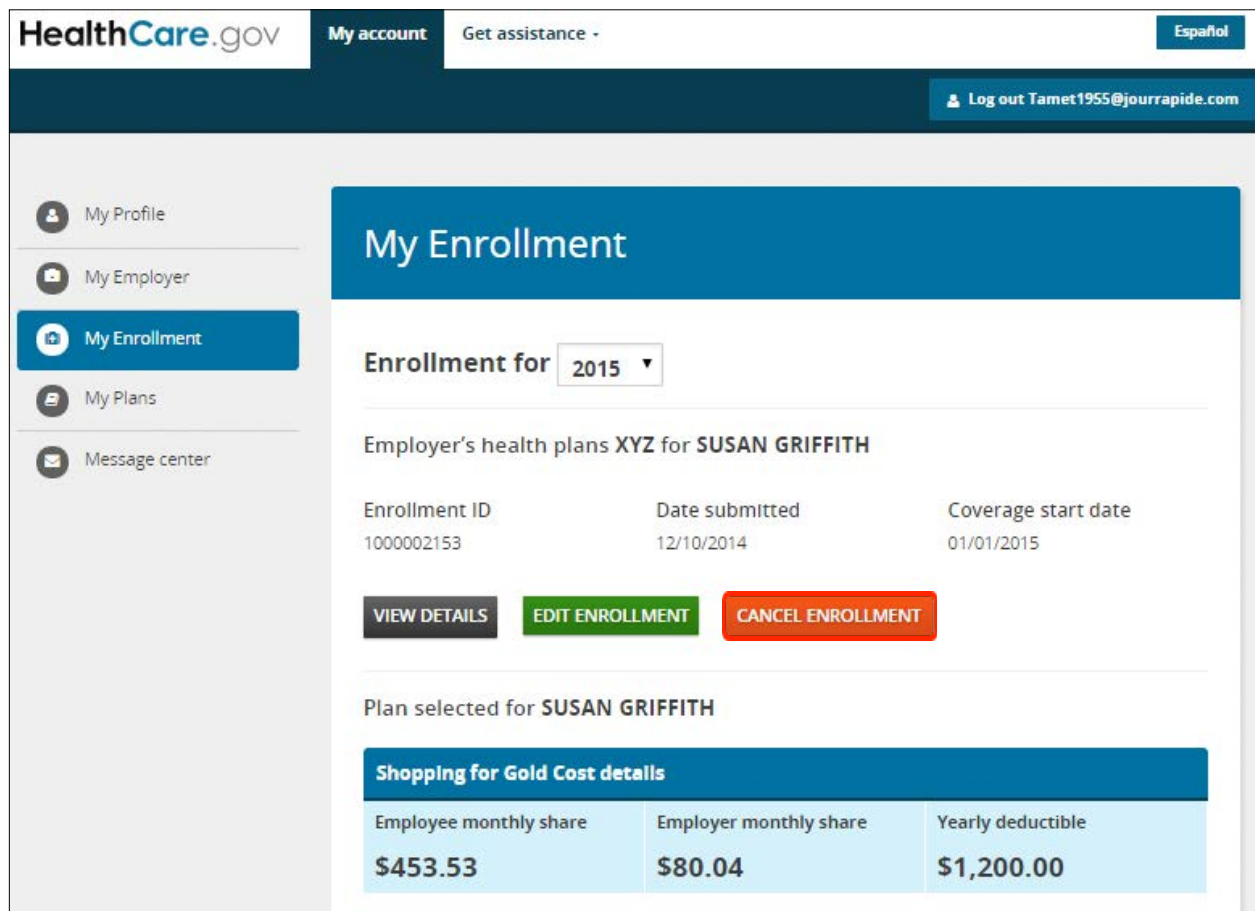
At the bottom of the plan card, there are three buttons: 'WAIVE' (orange), 'BACK' (dark grey), and 'CONFIRM' (green). A red arrow points to the 'CONFIRM' button.

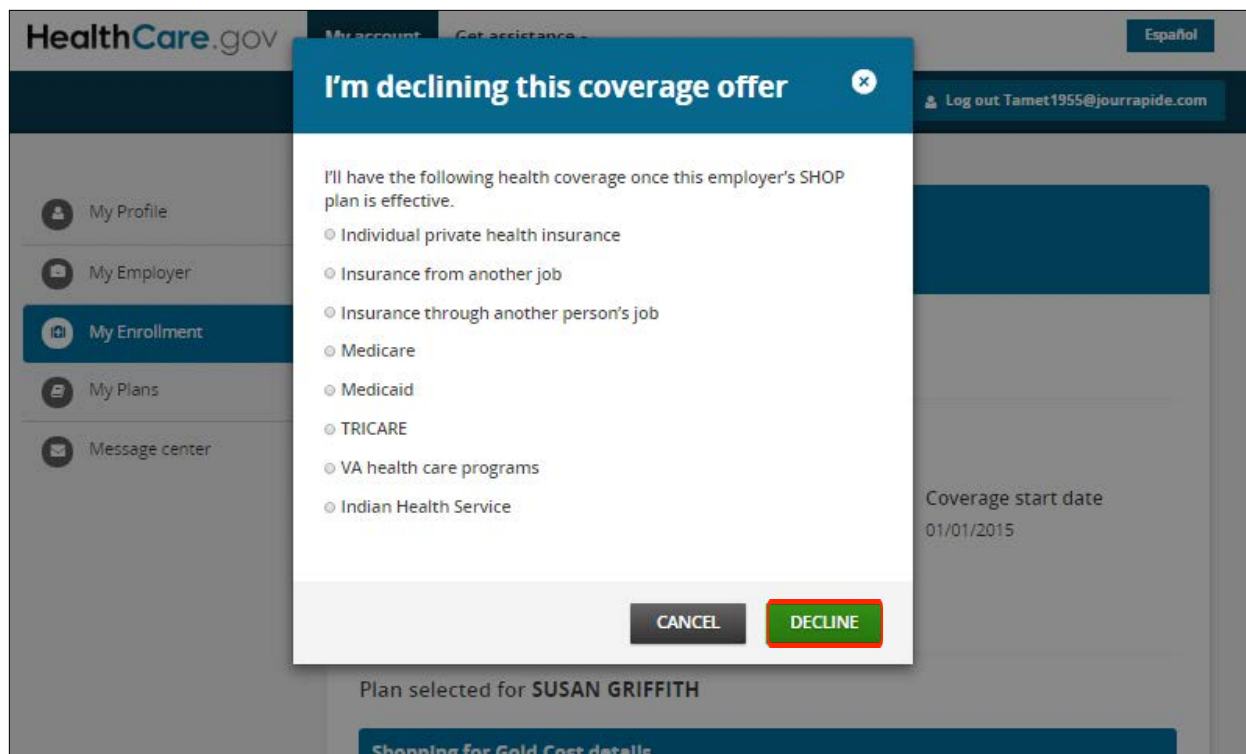
- **Get a confirmation.** You'll get a confirmation letting you know that your application is complete. It includes a confirmation number that you should keep for your records.
- **View enrollment.** Select the **Return to My Enrollment** link to view the details of your enrollment.



■ **Don't want to buy coverage?** Select **WAIVE**.

- On the page that says **I'm declining this coverage offer**, select the health coverage you currently have or will have once your employer's coverage is effective. Then select **DECLINE**.





Your SHOP Marketplace account

Account profile

Select the **My Profile** tab to view and update your profile information. You can only make changes to certain fields. When you're finished, select **SAVE AND CONTINUE**.

HealthCare.gov

My account

Get assistance -

Español

Log out Tamet1955@jourrapide.com

My Profile

My Employer

My Enrollment

My Plans

Message center

My Profile

Below you can view and edit your personal profile information.

*Required field.

Basic information

*First name

Middle name

*Last name

Suffix

Susan

Griffith

Suffix

Account number

*Email address

1418229853706

Tamet1955@jourrapide.com

*SSN/TIN

Date of birth

666-74-9909

01/01/1943

Home address

31 | EMPLOYEE USER GUIDE

Home address

*Street address

123 Reston St

Apt./Ste. #

*City

Wilmington

*ZIP code

19805

*County

NEW CASTLE ▼

*State

DE

Contact phone

Phone number

(703) 888-8888

Ext.

Phone type

Cell ▼

Second phone number

Ext.

Phone type

Home ▼

Contact preferences

Preferred spoken language

English ▼

Preferred written language

English ▼

Preferred method of contact

- ☒ Email address
- ☐ Mailing address

SAVE

My Enrollment

Select the **My Enrollment** tab to view the details of your coverage, edit your plan selection(s), and cancel your enrollment.

The screenshot shows the HealthCare.gov website interface. At the top, the 'HealthCare.gov' logo is on the left, and 'My account' and 'Get assistance -' are in the center. A 'Español' button is on the right. Below the header, a dark blue bar contains a 'Log out Tamet1955@jourrapide.com' button. On the left sidebar, there are links for 'My Profile', 'My Employer', 'My Enrollment' (which is highlighted with a blue background), 'My Plans', and 'Message center'. The main content area is titled 'My Enrollment' in a blue header. Below this, there is a dropdown menu for 'Enrollment for' set to '2015'. The section is titled 'Employer's health plans XYZ for SUSAN GRIFFITH'. It displays three fields: 'Enrollment ID' (1000002153), 'Date submitted' (12/10/2014), and 'Coverage start date' (01/01/2015). Below these fields are three buttons: 'VIEW DETAILS' (grey), 'EDIT ENROLLMENT' (green with a red border), and 'CANCEL ENROLLMENT' (orange). The next section is 'Plan selected for SUSAN GRIFFITH', which includes a sub-header 'Shopping for Gold Cost details'. Below this is a table with three columns: 'Employee monthly share', 'Employer monthly share', and 'Yearly deductible'. The values are \$453.53, \$80.04, and \$1,200.00 respectively.

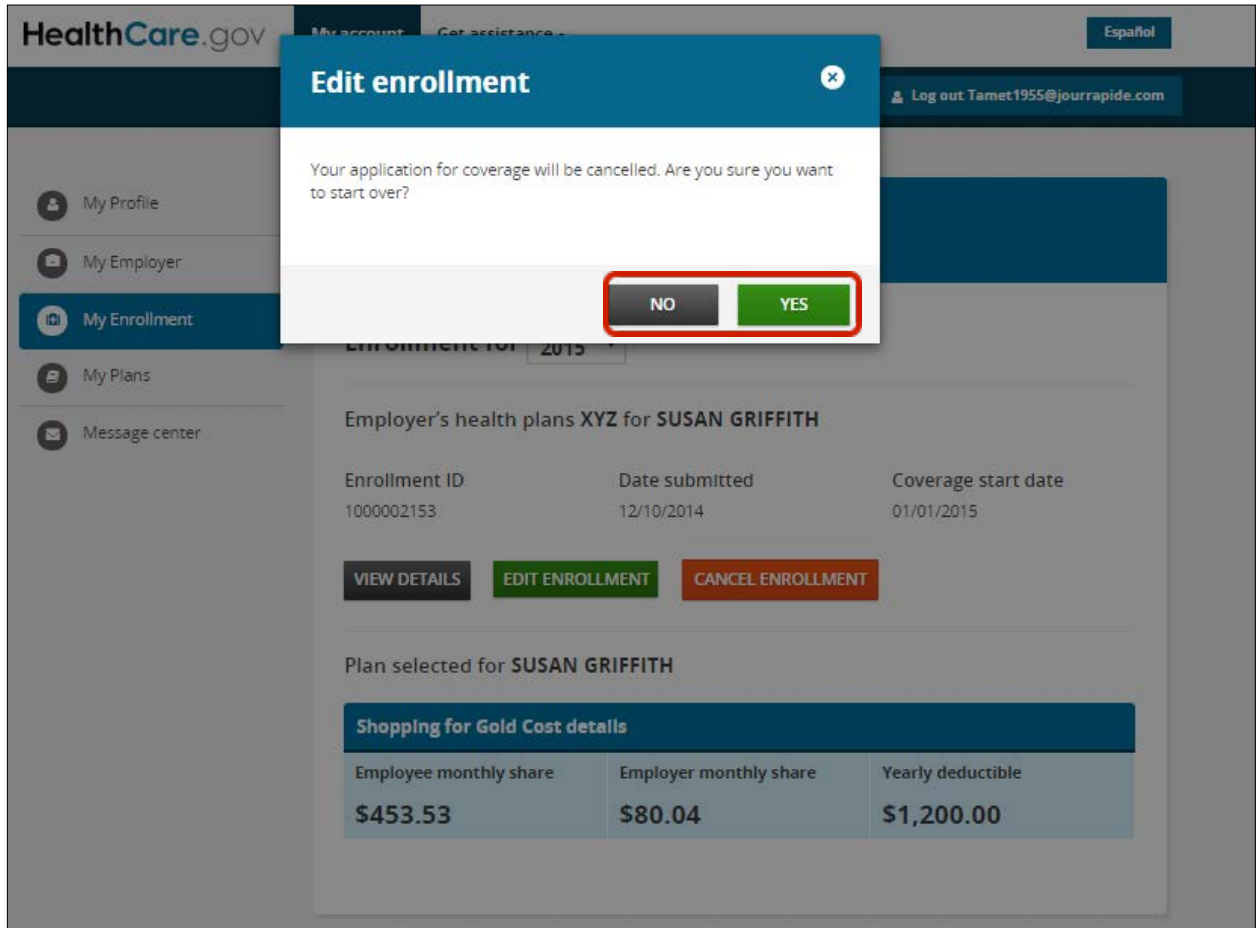
Employee monthly share	Employer monthly share	Yearly deductible
\$453.53	\$80.04	\$1,200.00

- Select **VIEW DETAILS** on the **My Enrollment** page (see page 33) to view your employer, SHOP application number, and enrollment status. The enrollment status lets you know where you are in the enrollment process (like Not yet started or Completed).

The screenshot displays the HealthCare.gov 'My Enrollment' page. The top navigation bar includes the HealthCare.gov logo, 'My account', 'Get assistance -', and a 'Español' button. A 'Log out' button with the email 'Tamet1955@jourrapide.com' is also visible. The left sidebar contains links to 'My Profile', 'My Employer', 'My Enrollment' (highlighted), 'My Plans', and 'Message center'. The main content area is titled 'Enrollment details' and features a 'BACK TO MY ENROLLMENT' button. Below this, the 'Employee ID' is 12345 and the 'Group ID' is blank. The 'Enrollment participation per plan' section contains a table with the following data:

ID	Member name	Relationship with employee	Plan name	Enrollment status	Coverage start date	Coverage end date
	SUSAN GRIFFITH	Self	Shopping for Gold	Completed	01/01/2015	12/31/2015

- Select **EDIT ENROLLMENT** on the **My Enrollment** page to make changes to your coverage. When you see the Edit enrollment message
 - Select **YES** to cancel your current application. You'll return to the **My Employer** page to start the application process and select a plan.
 - Select **NO** to return to the **Enrollment Details**.



- Select **CANCEL ENROLLMENT** on the **My Enrollment** page to cancel your coverage selection. You'll only see this icon if you're still within an Open Enrollment Period. When you cancel your coverage, you're declining your employer's coverage offer and must provide other coverage information.

HealthCare.gov
My account
Get assistance +
Español

Log out Tamet1955@jourrapide.com

My Profile
My Employer
My Enrollment
My Plans
Message center

My Enrollment

Enrollment for 2015 ▼

Employer's health plans XYZ for SUSAN GRIFFITH

Enrollment ID	Date submitted	Coverage start date
1000002157	12/12/2014	01/01/2015

VIEW DETAILS
EDIT ENROLLMENT
CANCEL ENROLLMENT

Plan selected for SUSAN GRIFFITH

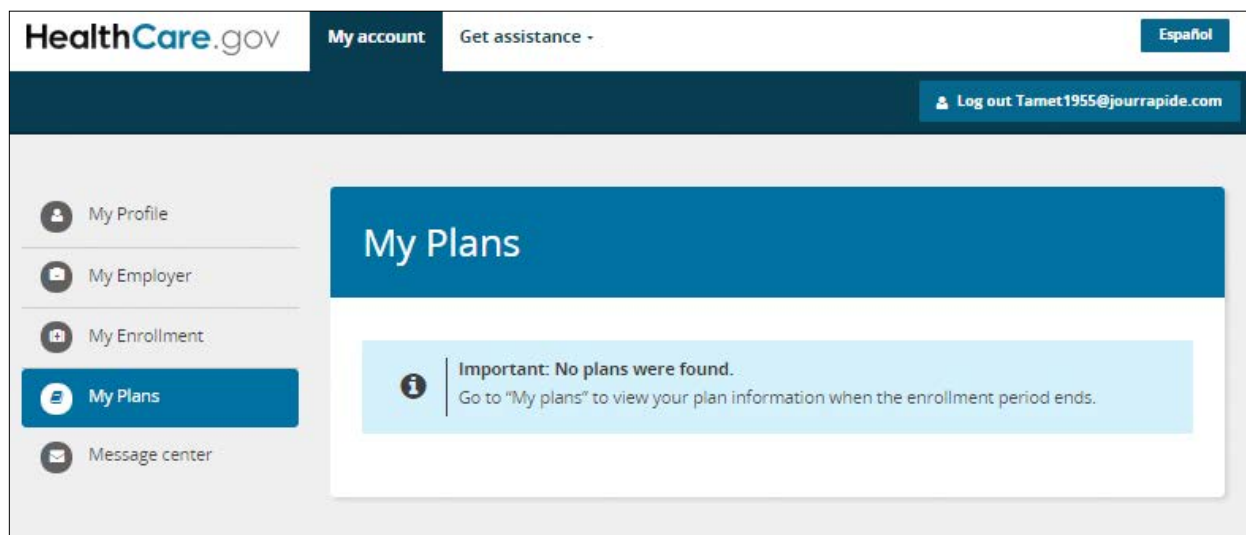
Shopping for Gold Cost details		
Employee monthly share	Employer monthly share	Yearly deductible
\$480.21	\$53.36	\$1,200.00

Plan selected for SUSAN GRIFFITH

Guardian Family Essentials Cost details		
Employee monthly share	Employer monthly share	Yearly deductible
\$20.73	\$2.31	\$150.00

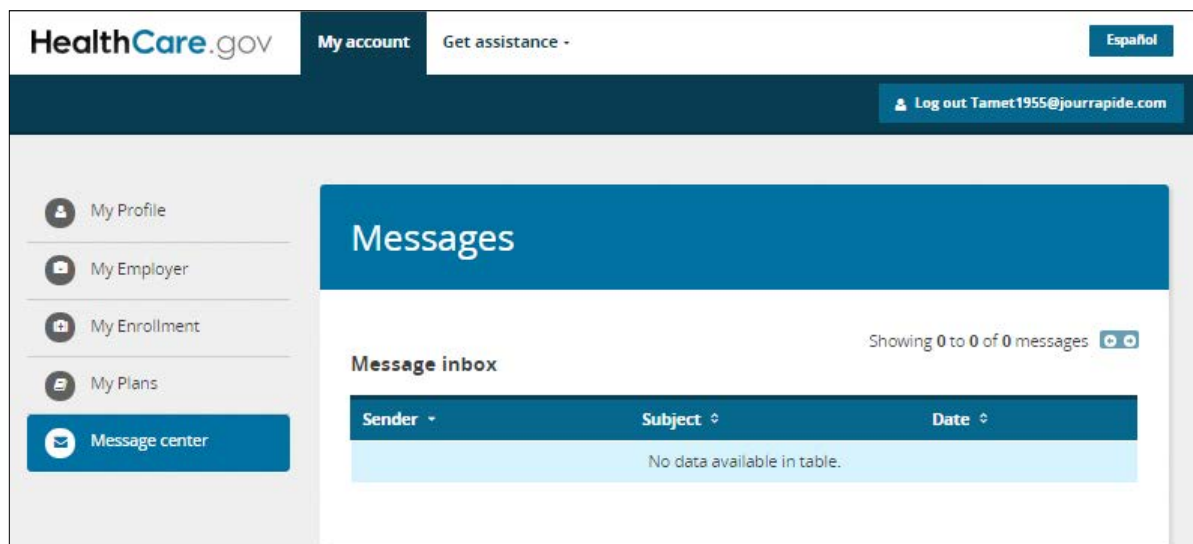
My Plans

Select the **My Plans** tab to view the health and dental plans (if offered) you selected.



Message center

Select the **Message center** tab to view messages about your coverage from the SHOP Marketplace.



Special Enrollment Period

You and your dependents (if dependent coverage is offered) may have a right to sign up for employer coverage, or make changes to your coverage choices outside of the employer's Initial Enrollment Period. Job-based plans must provide this "Special Enrollment Period" of 30 days following certain life events that involve a change in dependent status or loss of other health coverage. If you don't make a change during the Special Enrollment Period, you'll have to wait until your employer renews coverage. If your employer doesn't offer dependent coverage, a Special Enrollment Period applies only to qualified employees. [Learn more about the Special Enrollment Period](#) and qualifying life events.

If you want to report a life event that may qualify you for a Special Enrollment Period, contact your employer as soon as possible. Your employer or the employer's agent/broker can report the event by logging into their HealthCare.gov account, or by calling the SHOP Call Center.

Account changes

You can make some changes to your account, like updating your email or mailing address and phone number, by logging into your HealthCare.gov account.

Submit an appeal

To submit an appeal, click the **Submit appeal** link in the **Actions** field to get the appeal request form. Print the appeal request form and mail it to the address on the form. You'll be notified by mail of the outcome of the appeal request within 90 days of the date you submit your appeal request. You have 90 days from the date in your SHOP eligibility determination notice to request an appeal. [Learn more about SHOP Marketplace appeals.](#)

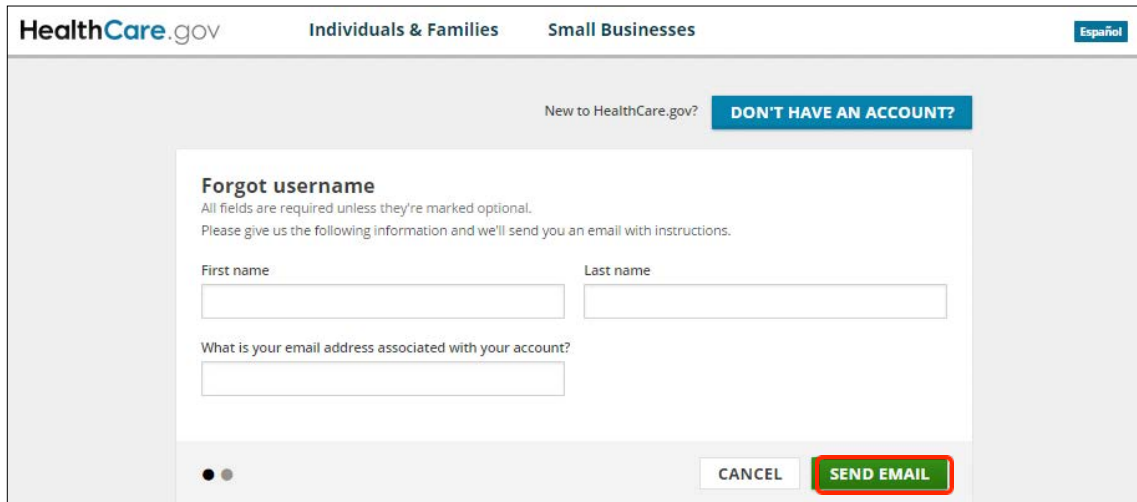
The screenshot shows the 'My Employer' section of the HealthCare.gov user interface. On the left is a sidebar with navigation links: 'My Profile', 'My Employer' (highlighted), 'My Enrollment', 'My Plans', and 'Message center'. The main content area has a blue header 'My Employer'. Below this is a red warning box with a triangle icon containing an exclamation mark. The text in the warning box reads: 'WARNING: Enter a valid SHOP participation code and SSN/TIN. If it doesn't work, check with your employer to make sure you have the right code. If your code still doesn't work, it means you're not eligible to participate in the SHOP Marketplace. If you don't agree with this eligibility determination, you may be able to **file an appeal**.' Below the warning box, there is instructional text: 'Enter your SHOP participation code given to you by your employer. If you don't plan to accept your employer's offer of coverage, you should still enter the code below. Even if you don't want coverage now, you must enter some basic information so your employer knows about your decision.' This is followed by a line of text: 'Contact your employer if you don't have a SHOP participation code.' At the bottom, there is contact information: 'If you need help, call 1-800-706-7893 Monday - Friday, 9 a.m. - 7 p.m. EST. TTY users should call 711. To chat with a trained representative, select "Get assistance".'

Username and password recovery

Forgot username

If you forget your username

- Enter your email address, and first, last name.
- Select **SUBMIT**. You'll get an email with your username.

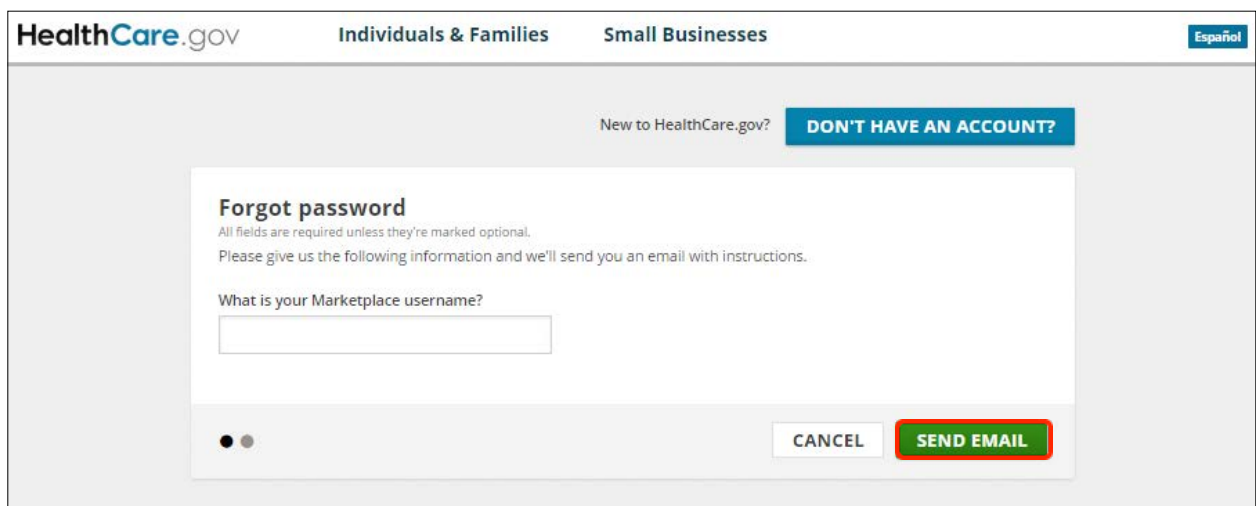


The screenshot shows the HealthCare.gov website header with 'HealthCare.gov', 'Individuals & Families', 'Small Businesses', and a 'Español' link. Below the header, there's a section for 'New to HealthCare.gov?' with a 'DON'T HAVE AN ACCOUNT?' button. The main content area is titled 'Forgot username' and includes instructions: 'All fields are required unless they're marked optional. Please give us the following information and we'll send you an email with instructions.' There are three input fields: 'First name', 'Last name', and 'What is your email address associated with your account?'. At the bottom, there are 'CANCEL' and 'SEND EMAIL' buttons, with 'SEND EMAIL' highlighted with a red border.

Forgot password

If you forget your password

- Enter your Marketplace username (the email address you entered to create your account).
- Select **SUBMIT**. You'll get an email with directions and a link to a page to create a new password. Your new password must be at least eight (8) characters, but no more than 20 characters long, and have a mixture of uppercase and lowercase letters, and at least one number.



The screenshot shows the HealthCare.gov website header with 'HealthCare.gov', 'Individuals & Families', 'Small Businesses', and a 'Español' link. Below the header, there's a section for 'New to HealthCare.gov?' with a 'DON'T HAVE AN ACCOUNT?' button. The main content area is titled 'Forgot password' and includes instructions: 'All fields are required unless they're marked optional. Please give us the following information and we'll send you an email with instructions.' There is one input field: 'What is your Marketplace username?'. At the bottom, there are 'CANCEL' and 'SEND EMAIL' buttons, with 'SEND EMAIL' highlighted with a red border.

Unlock your account

To unlock your account, contact the SHOP Call Center at 1-800-706-7893 Monday through Friday, 9 AM – 7 PM EST. TTY users should call 711 to reach a call center representative.

Have questions or need help?

For more information on the SHOP Marketplace, visit HealthCare.gov/small-businesses/. Or you can contact the SHOP Call Center at 1-800-706-7893, Monday–Friday, 9am–7pm EST. TTY users should call 711 to reach a call center representative.